

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 24

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Kildee for Congress

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 328 S. Saginaw Street

City Flint State MI Zip Code 48502

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D277360

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 328 S. Saginaw Street

City Flint State MI Zip Code 48502

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D294951

Date of Disbursement

/   /

Amount of Each Disbursement this Period

817.52

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

McCormick & Schmick's

Mailing Address 8484 Westpark Drive

City Mc Lean State VA Zip Code 22102

Purpose of Disbursement  
Catering Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D294953

Date of Disbursement

/   /

Amount of Each Disbursement this Period

305.52

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

851.12

TOTAL This Period (last page this line number only) .....